

Adult Softball Leagues

SPRING 2019

NEW
Field Lighting at
Clement Park!



Spring Season Starts Week of MAR 17

NIGHT	LEAGUE	COMPLEX	FEE	# of GAMES
Sunday	Co-Rec D, Men's D-Rec	Clement Park	\$440	6 + Playoffs
Monday	Co-Rec D, Men's D-Rec	Clement Park	\$440	6 + Playoffs
Tuesday	Men's D-Rec Lower, Men's D-Rec Men's D Open Doubleheader	Clement Park	\$440 \$830	6 + Playoffs 12 + Playoffs
Wednesday	Co-Rec D, Men's D-Rec Lower, Men's D-Rec	Clement Park	\$440	6 + Playoffs
Thursday	Co-Rec D	Clement Park	\$440	6 + Playoffs
Thursday	Men's D-Rec Lower, Men's D-Rec, Men's D-Rec Upper	Schaefer Park	\$440	6 + Playoffs
Friday	Co-Rec D Lower, Co-Rec D, Men's D-Rec	Clement Park	\$440	6 + Playoffs
Friday	Men's D-Rec, Men's D-Rec Upper	Schaefer Park	\$440	6 + Playoffs

FIELD LOCATIONS: Clement Park 7306 W. Bowles Ave. Littleton, CO 80123
Schaefer Park 9750 W. Hampden Ave. Denver, CO 80235

Team registration begins: **Monday, January 7, 2019.**

Deadline to register: **Friday, March 8 or when leagues are full.**

A non-refundable deposit of \$200 is required at the time of registration in order to hold your team a spot in the league you would like to play in. All fees are due prior to the start of your second regular season game.

To register your team you can call Butch at 303-409-2615 or Allison at 303-409-2614.

You can also stop by the Clement Park Athletic office and register in person MON-FRI 9am – 5pm.

Team REGISTRATION FORM on reverse side of this flyer
OR you can go to www.foothills.org/adultsports.





Clement Park Athletics Office
 7306 W Bowles Ave
 Littleton, CO 80123
 Phone: 303-409-2615
 Fax: 303-409-2630

Foothills Sports Arena
 3608 S Kipling Pkwy
 Denver, CO 80235
 Phone: 303-409-2444
 Fax: 303-409-2440

Foothills Fieldhouse
 3606 S. Independence St
 Denver, CO 80235
 Phone: 303-409-2372
 Phone: 303-409-2371

ADULT TEAM REGISTRATION FORM

Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.

DESIRED LEAGUE (Please select all classifications):

Season: Winter ___ Spring ___ Summer ___ Fall ___
Sport: Softball ___ Basketball ___ Volleyball ___ Soccer ___ Flag Football ___ Lacrosse ___ Disc Golf ___
Location: Easton Regional Park ___ Lilley Gulch Recreation Center ___ Ridge Recreation Center ___
 Foothills Sports Arena ___ Schaefer Athletic Complex ___ Clement Park ___ Foothills Fieldhouse ___
Night: SUN ___ MON ___ TUE ___ WED ___ THU ___ FRI ___ SAT ___

LEAGUE AND DIVISION: _____
 (ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

Second choice if desired league is full: _____

Foothills ID number

TEAM NAME _____

MANAGER'S NAME _____ MAIN PHONE # _____

ADDRESS _____ 2nd DAY # _____

CITY _____ ZIP _____

EMAIL _____

ASSISTANT MANAGER'S NAME _____ MAIN PHONE # _____

EMAIL _____ 2nd DAY # _____

Did your team play in the Foothills league last year or last season? YES ___ NO ___ Which season? _____
 If yes, what was the name of your team, if different than above? _____

Cash, Check with ID, Credit Card (VS, MC, DISC, AMEX)

Please call the appropriate office listed above to give credit card number. Amount to be charged \$ _____

STAFF USE BELOW THIS LINE

AMOUNT	DATE	PAYMENT	BALANCE	INITIALS
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____